

RECEIVED
APR 06 2020
Pacific Workers'



Claims Examiner Authorization

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-15

ADJUSTER: Mario Castro

Determination Date: 04/01/2020
RFA Received Date: 04/01/2020
Provider: Babak Jamasbi, MD
Pre-Cert #: 139249073-UMO-15

Spremo (OCM)
Phone: 800-595-7173
Fax: 201-289-5765
Email: referrals@spremo.com
Online: https://express.spremo.com/easy_referrals/create

Network:

The below request is **AUTHORIZED**. The decision was made on 4/1/20 and is summarized below:

TESTING								
Determination	Type of Test	Type of Contrast	Body Part	Effective Date	Termination Date	CPT	Facility	Provider
Requested	MRI	Plain	Cervical spine	4/1/20	10/1/20			
Certified	MRI	Plain	Cervical spine	4/1/20	10/1/20			

Claims Examiner: Mario Castro
Contact Information: (213) 612-0880
Hours of operation: 8:30 am to 5:30 pm, M-F

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill
review for the purpose of determining whether the medical services were accurately billed.*



ELECTRONIC PROOF OF SERVICE

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5th Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On April 1, 2020, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Babak Jamasbi, MD
Fax: (510) 647-5105

Erika.Perez@Chubb.com
Email: Erika.Perez@Chubb.com

referrals@spreemo.com
Email: referrals@spreemo.com

Executed on April 1, 2020, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in cursive script, appearing to read "Linda A. Grant", written over a horizontal line.

Signature

File: 139249073 Shockley



PROOF OF SERVICE BY MAIL

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4120 SE International Way, Suite A108, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On April 1, 2020, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Babak Jamasbi, MD
1335 Stanford Ave.
Emeryville
CA
94608

Christian Charles Colantoni
201 Spear Street, Ste. 1100
San Francisco
CA
94105

Farber & Co
333 Hegenberger Road #504

Oakland
CA
94621

Jonathan Shockley
1000 Sutter St.
San Francisco
CA
94109

Executed on April 1, 2020 at Milwaukie, OR 97222.



I, Becca Guimont, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink that reads "Becca Guimont". The signature is written in a cursive style with a horizontal line underneath it.

Signature

File: 040519008736, Shockley Jonathan

End of document.
